

State of Tennessee Health Care Innovation Initiative



Executive Summary

Acute Percutaneous Coronary Intervention (PCI) Episode

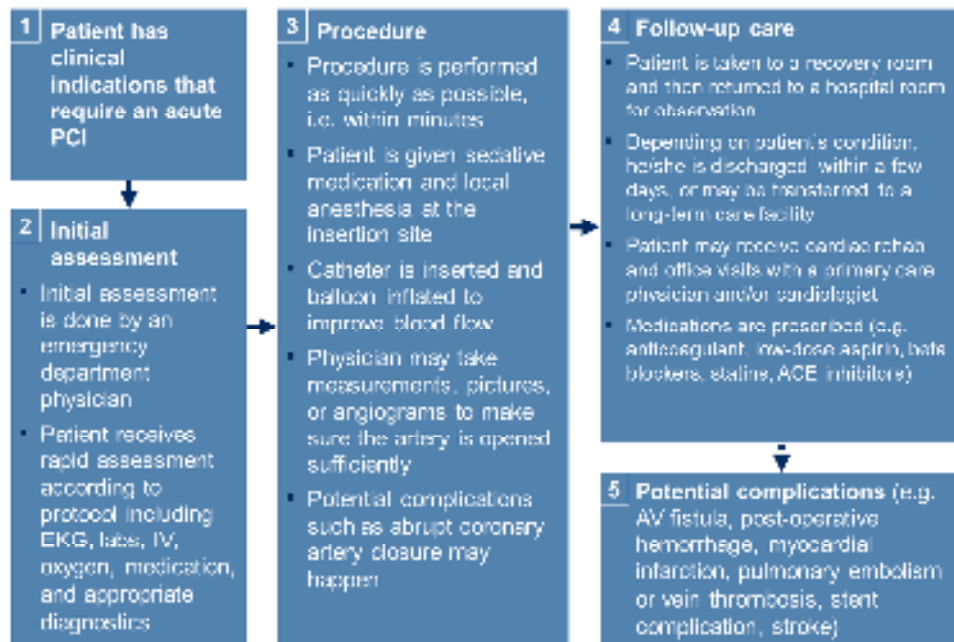
OVERVIEW OF AN ACUTE PCI EPISODE

The acute Percutaneous Coronary Intervention (PCI) episode revolves around patients who have a PCI in an acute setting, i.e., have acute coronary syndrome or present in the emergency department. The trigger event is the PCI procedure. All related care – such as anesthesia, imaging and testing, evaluation and management, and medications – is included in the episode. The quarterback, also called the principal accountable provider or PAP, is the facility where the PCI is performed. The acute PCI episode begins on the day of the PCI (or admission if inpatient) and ends 30 days later after the procedure (or discharge if inpatient).

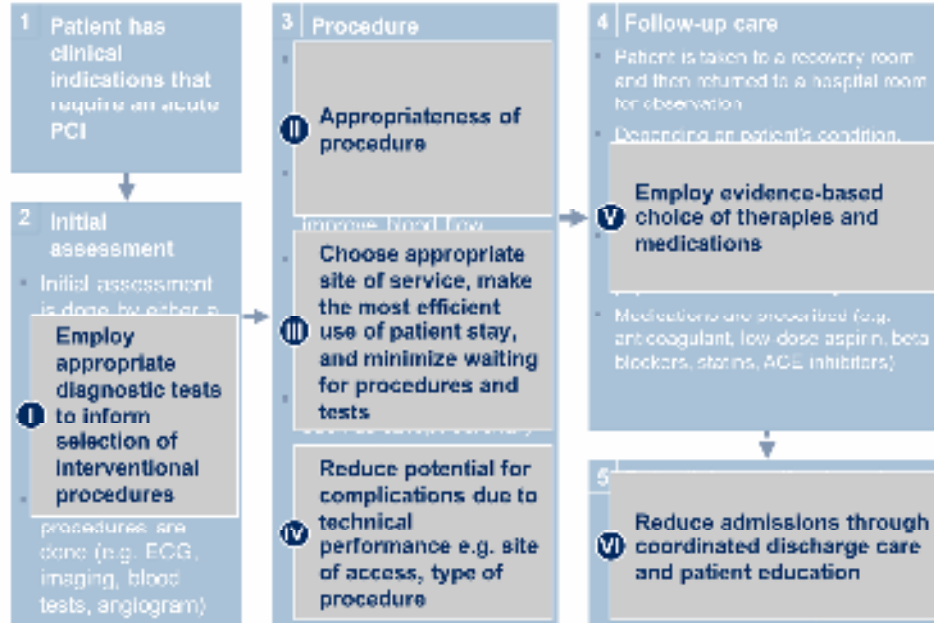
CAPTURING SOURCES OF VALUE

Providers have multiple opportunities during an acute PCI to improve the quality and cost of care. Sources of value prior to the procedure include selecting appropriate diagnostic tests to inform the interventional procedure, assessing the appropriateness of the procedure, and reducing the door-to-balloon and door-to-door-to balloon time. Selecting the appropriate anesthesia and making an efficient use of patient stay are also ways in which providers are able to improve quality and cost of care. During the procedure, providers may reduce the potential for complications due to technical performance (e.g., site of access, type of procedure). After the PCI has been done, providers can employ an evidence-based choice of therapies and medications, and reduce the number of readmissions after the procedure due to complications.

Illustrative Patient Journey



Potential Sources of Value



ASSIGNING ACCOUNTABILITY

The quarterback of the episode is the specific health care provider deemed to have the greatest accountability for the quality and cost of care for the patient. To state it differently, the quarterback is the provider who has the greatest ability to influence all of the health care delivered in a given episode. For the acute PCI episode, the quarterback is the facility where the PCI is performed. The tax ID of the billing provider (or group) of the associated facility claim will be used to identify the quarterback.

MAKING FAIR COMPARISONS

The episode model is designed to be fair to providers and incentivize best practices without penalizing providers who care for sicker patients. As such, important aspects of the model are:

- Inclusion of only the cost of services and medications that are related to the acute PCI in calculation of episode spend.
- Exclusion of episodes when clinical circumstances create the likelihood that the case will deviate substantially from the typical care path or when claims data is likely to be incomplete.
- Risk adjusting episode spend to account for the cost of more complicated patients.

During the trigger window, all services and related medications are included in the episode. The post-trigger window only includes care for complications, specific evaluation and management visits and testing, and related medications.

Some exclusions apply to any type of episode, i.e., are not specific to an acute PCI. For example, an episode would be excluded if more than one payer was involved in a single episode of care, if the patient was not continuously insured by the payer during the duration of the episode, or if the patient had a discharge status of ‘left against medical advice’. Other examples of exclusion criteria specific to the acute PCI episode include a patient who has cardiogenic shock or conversion to CABG. These patients have significantly different clinical courses that cannot be risk adjusted. Furthermore, there may be some factors with a low prevalence or significance that would make accurate risk adjustment difficult and may be used to exclude patients completely instead of adjusting their costs.

For the purposes of determining a Quarterback’s cost of each episode of care, the actual reimbursement for the episode will be adjusted to reflect risk factors captured in recent claims data in order to be fair to providers caring for more complicated patients. Examples of acute PCI episodes with factors likely to be impacted by risk adjustment include those patients with cardiac arrest and staged or multi-vessel PCI procedures. Over time, a payer may adjust risk factors based on new data.

MEASURING QUALITY

The episode reimbursement model is designed to reward providers who deliver cost effective care AND who meet certain quality thresholds. A quarterback must meet or exceed all established benchmarks for any quality metric tied to gain sharing in order to be eligible to receive monetary rewards from the episode model. Other quality metrics may be tracked and reported for quality improvement purposes but may not be tied directly to gain sharing.

The quality metric linked to gain sharing for the acute PCI episode is:

- **Hospital admission in the post-trigger window:** Percent of valid episodes with an inpatient admission in the post-trigger window (as a proxy for complications), except for staged or repeat PCI.

The quality metrics that will be tracked and reported to providers but that are not tied to gain sharing are:

- **Multiple-vessel PCI:** Percent of valid episodes where the trigger PCI involves multiple vessels (including multiple branches).
- **Repeat PCI:** Percent of valid episodes with a repeat PCI in the post-trigger window.

It is important to note that quality metrics are calculated by each payer on a per quarterback basis across all of a quarterback's episodes covered by that payer. Failure to meet all quality benchmarks tied to gain sharing will render a quarterback ineligible for gain sharing with that payer for the performance period under review.